## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name HOBART BEACH V.F.W. NO. 1693						Est	Telephone Number 812-944-1379	Date of Inspection	ID#	
Address 1919 GRANT LINE ROAD, NEW ALBANY IN 47150							<sup>7</sup> 502-664-0615	09/12/2022		
Owner HOBART BEACH VFW POST 1693, INC							Purpose X Routine	Follow Up	Released 09/12/2022	
Owner's Address 2211 E. ELM STREET NEW ALBANY, IN 47150-							Follow-up Complaint			
Person in Charge BRIAN FERRY							Pre-Operational			
Responsible Person's Email TANKDEX@HOTMAIL.COM							Temporary			
Certified Food Handler JAMES DEXTER							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C NC R Narrative To								orrected	
254		Х	Х	Observed thermometer in the refrigerator reading 15F. Food was measured at 39F. Replace thermometer.						
295		X	-							
431		Х		Observed cleaning needed around the floor drain under the bar 1 day 3-compartment sink in bar.						
294	X				one in the warewashi		as discovered that sanitizing ss. A bleach solution should			
Summary of Vio			C nted):	1 NC	<u>3</u> R <u>1</u>	· 1	Inspected by (name and title Thomas Snider CFS	printed):		
Received by (signature):							Inspected by (signature):			
ce:					cc:			cc:		